



New Zealand Nurses Organisation

Submission to the DHBNZ Nursing Workforce Strategy Group on the PDRP Project

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RECOMMENDATIONS

1. The New Zealand Nurses Organisation recommends that you: **note** that, increased access to a professional development and recognition programme for all nurses will not only improve recruitment and retention across all health sectors but ensure a benchmark delivery of quality healthcare.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

2. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
3. NZNO has consulted its members in the preparation of this submission in particular NZNO staff (Management, Professional Nursing Advisors) and NZNO members (Colleges and Sections, national delegate groups in primary care, aged care and the DHB.)

NZNO POLICY AND POSITION ON THE ISSUE

4. The New Zealand Nurses Organisation **does** support access to a professional development and recognition programme for all nurses of Aotearoa.
5. NZNO **requests** that nurses have a choice to participate in either a generic or area specific PDRP where available.
6. NZNO **agrees**, that the PDRP and portfolio should be transportable across the sectors and **would like to see this extended** to transportability of the recognition level awarded, across all organisations, as currently agreed to in the DHBNZ/NZNO MECA.
7. **NZNO is keen to work with DHBNZ on updating the NZNO Primary Health Care Nursing PDRP** ready for presentation to Nursing Council. Once approved by Nursing Council it can be delivered by organisations

- that will need to go through an approval process with NCNZ. The 2006 draft PDRP is attached. We request your feedback on this initiative.
8. The NZNO **does not agree**, that only the competent level only should be offered to external organizations until it is well embedded and/or issues resolved.
 9. NZNO **agrees**, that portfolio assessment be discussed and agreed upon in the MOU / service agreement and be completed in work time with appropriate remuneration.
 10. NZNO **agrees**, that all assessors have work based training specifically in assessing PDRP portfolios, that a moderation process is in place and that assessment is supported by regular training days, feedback and coordinator support.
 11. NZNO **agrees**, with the information required in the MOU/Service Agreement as stated in the “Frequently Asked Questions” **However**, the ownership property of the PDRP depends on who this document is for i.e., is it only to DHBs expanding to other sectors, or is it also for private organizations and NGOs sharing their PDRP? The last statement should be reworded “Programme ownership property to be agreed upon.”
 12. NZNO is **keen** to share its current PDRP documents and processes with other organizations and asks that NZNO be acknowledged wherever this occurs.

Strategies to promote the expansion of the programme

13. Our members have mixed opinion about their preference for a generic competency programme or a PDRP which is wording specific to their area of practice.
14. To improve uptake of PDRP nurses **must** be ‘allowed’ the opportunity to participate in whichever programme most suits their needs.
15. The NZNO offers its Practice Nurse Accreditation programme, at proficient and expert level, to both NZNO members and non-NZNO members in

whose main focus is primary health care nursing in the delivery of Practice Nursing services in the Primary Health Care Setting. This is a programme with robust and comprehensive processes and has been well utilized by over 500 nurses. This specific programme to Practice Nurses will remain a preferred option for many and it is imperative nurses choice to participate is not blocked.

16. Some member comments about their preferred choice of PDRP include
17. *“Prefer to have a PDRP more specific to primary care / community setting as some aspects that you are required to provide competence in, are rare or not applicable in a community setting (e.g. restraint procedure)”*
Respiratory nurse, NGO
18. *“Would prefer that it was area specific”* Paediatric nurse, DHB
19. *“Generic”* Rural Practice nurse, Primary Health Care.
20. NZNO **agrees that**, the PDRP and portfolio transferability across the sector is critical is promoting the programme and improving uptake.
However, NZNO would like to see that there is also transportability of the PDRP level awarded across all sectors and organizations using the same process that is agreed to in the DHBNZ/NZNO MECA.

NZNO Primary Health Care Nursing PDRP

21. NZNO has begun developmental work in expanding its Practice Nurse Accreditation programme to be inclusive of all nurses working in the Primary Health Care setting. An initial framework “NZNO Primary Health Care Nursing PDRP Registered Nurse” was developed and published in 2005, available on request. In 2006, the competencies were incorporated within the Practice Nurse Accreditation process and presented to Nursing Council. At this time Nursing Council requested all approved PDRP programmes must demonstrate the NCNZ competency framework and NZNO was asked to resubmit. Due to staff leave, this work has still to be done. **NZNO is keen to work with DHBNZ on updating the NZNO**

Primary Health Care Nursing PDRP ready for presentation to Nursing Council. Once approved by Nursing Council it can be delivered by other organizations. They will need to go through an approval process with NCNZ. The 2006 draft PDRP is attached. We request your feedback on this initiative.

Coordination of an Expanded PDRP

22. The “Frequently Asked Questions” refer to consideration that the competent level only of the PDRP is offered initially until it is well embedded and issues are identified and worked through. The NZ Nurses Organisation **does not** agree with this statement.
23. NZNO has had a nationally run programme for practice nurses for 13 years crossing organizations for both nursing participation and assessor responsibilities. In addition, several DHBs currently offer their programme external to the DHB provider arm. These organisations are a resource for information and strategies and their assistance will minimize issues to be worked through.
24. A PDRP which only offers the competent level will create a barrier for many nurses who wish to access proficient or expert level for recognition and/or remuneration.
25. Comments from feedback
- “THE NZNO Primary Health Care MECA has over 560 employer parties and 2500 nurses to the agreement. Within the agreement remuneration is paid in recognition of nurses reaching proficient and expert on an NZNO recognized PDRP programme and/or the NZNO Practice Nurse Accreditation Programme at proficient or expert levels. If they cannot access these levels there is a built-in barrier”* NZNO staff
26. *“Provides a more accurate picture of your practice. If you are an expert and are only able to be assessed as competent, then this is not a true reflection of your level of skill. Being able to state proficient or expert*

PDRP assessment on CV is more informative to future employers.”

Community nurse accessing a DHB programme.

27. *“I think it makes you aware of skills you have and at what level you are practicing in and where you fall short for your level of expertise.”* Staff Nurse in DHB.

Portfolio assessment

28. NZNO **agrees**, that portfolio assessment be discussed and agreed upon in the service agreement and be completed in work time with appropriate remuneration.
29. NZNOs assessment process involves “Boards” of 1 Chair and 2 Assessors marking up to 20 portfolios at one time, both independently and in meeting for a period of 10 weeks twice a year. This assists assessor engagement within the role, provides focused support when required with sufficient breaks in between. To assist in assessor recruitment, engagement and expansion of PDRPs, NZNO is willing to share this process, as outlined in the appendix Manual,

Assessment processes that are fair and equitable

30. NZNO **agrees**, that all assessors have work based training specifically in assessing PDRP portfolios, that a moderation process is in place and that assessment is supported by regular training days, feedback and coordinator support.
31. NZNOs Practice Nurse Accreditation programme has a specific training programme, material available on request, and a moderation process is outlined within the Manual, appended here.

Integrity of the programme

32. NZNO **agrees**, with the information required in the MOU/Service Agreement as stated in the “Frequently Asked Questions” **However**, the

ownership property of the PDRP depends on who this document is for i.e., is it only to DHBs expanding to other sectors, or is it also for private organizations and NGOs sharing their PDRP. The last statement should be reworded "Programme ownership property to be agreed upon."

Competence issues

33. NZNOs Practice Nurse Accreditation programme explicitly outlines a process for dealing with competence issues where the Accrediting body is not the employer. This process has met with approval from Nursing Council NZ.

Nurses working in isolation

34. The FAQs document is not specific enough in the examples given of how nurses can be assessed by another nurse. Wording such as peer group or cell group meetings, case studies and one-on-one case discussions with a nurse in the same or another setting could be incorporated.

35. NZNO would like to make some additions to the Pros and Cons of a standalone PDRP. Pros – allow to identify similar trends / issues and develop appropriate education and support programmes. Cons – would not be tailored to the sector and could limit uptake.

36. CONCLUSION

37. NZNO **thanks you** for inviting our comments on the PDRP Project Consultation. We agree for the purpose of the material and the creating of gathered information to share amongst DHBs and other organisations.

38. NZNO is **displeased** that DHBs may be encouraged to only offer the competent level of the programme, in this first instance, particularly as there are organisations who currently deliver their whole programme across sectors and where this may be a barrier for nursing development and recognition.

39. NZNO **would like to see** programmes both generic and area specific programmes be promoted and accessible to nurses, where they exist.

40. NZNO is **keen** to share its current PDRP documents and processes with other organizations and asks that NZNO be acknowledged wherever this occurs.

41. Angela Clark

42. NZ Nurses Organisation

43. REFERENCES

44. Author, (Date), *Title*, Publisher, Location

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